



**MyVA ADVISORY COMMITTEE MEETING
MINUTES FOR OCTOBER 14 - 15, 2015**

The MyVA Advisory Committee (MVAC) convened its meeting on October 14 - 15, 2015, at the James A. Haley Veterans' Hospital and Primary Care Annex, in Tampa, FL.

Committee member(s) present:

General Josue "Joe" Robles – Chairman
Dr. Michael Haynie – Vice Chairman (via VTC)
Mr. Herman Bulls
Ms. Teresa Carlson
Dr. Richard Carmona
Dr. Laura Herrera Scott
Dr. Christopher (Chris) Howard
Dr. Eleanor (Connie) Mariano
Ms. Regina (Jean) Reaves
Ms. Maria (Lourdes) Tiglao

Committee member(s) absent:

Dr. Delos (Toby) Cosgrove (Pause status)
Ms. Nancy Killefer – Day 2 via VTC
Mr. Fred Lee
Mr. Robert Wallace

Agency representative(s) participating:

Mr. Robert McDonald – Secretary
Mr. Sloan Gibson – Deputy Secretary
Mr. Robert Snyder – Executive Director, MyVA
Mr. Scott Blackburn – Director, MyVA
Ms. Debra Walker – Designated Federal Officer
Mr. Kenneth Olivo – Alternate Designated Federal Officer

Presenter(s) and other participant(s):

Dr. David Shulkin – Under Secretary for Health
Ms. Allison Hickey – Under Secretary for Benefits
Mr. Matthew Sullivan – National Cemetery Administration
Mr. Tom Allin – Veterans Experience Office
Mr. Tom Muir – MyVA Support Services Excellence
Ms. Stacey Vasquez – MyVA Performance Improvement
Ms. Gina Farrisee – Human Resources and Administration
Mr. Mike Haith – Human Resources and Administration
Mr. Greg Giddens – Office of Acquisition, Construction, and Logistics
Ms. Lea Holcer – MyVA Communications
Ms. Deb Kramer – MyVA Fusion Cell/IdeaHouse
Mr. Johnston Williamson – MyVA Program Support Office



Ms. Rashi Venkataraman – MyVA Strategic Partnerships
Mr. Michael Galloucis – Veterans Experience Office
Mr. Hughes Turner – Veterans Experience Office
Mr. Jim Wartski – Veterans Experience Office
Ms. Kimberly Moseley – Human Resources and Administration
Mr. David Carroll – Veterans Health Administration
Mr. Thomas Smith – Veterans Health Administration
Mr. John Patrick – Veterans Health Administration
Ms. Kerrie Witty – Veterans Benefits Administration
Ms. Rosye Cloud – Veterans Benefits Administration
Mr. Stephan Frank – National Cemetery Administration
Dr. Johnathan Perlin – Special Medical Advisory Group
Ms. Catherine Harroun – MITRE
Mr. Terry Edwards – MITRE
Ms. Janet Murphy – Veterans Health Administration
Ms. Mike Feil – MyVA Program Support Office
Ms. Margarita Devlin – Veterans Experience Office
Mr. Jeffrey Moragne – Advisory Committee Management Office
Mr. Thomas Wisnieski – Veterans Health Administration
Mr. Carlos Fuentes – Veterans of Foreign Wars
Mr. David Isaacks – Veterans Health Administration
Ms. Michele Zbogor – Veterans Health Administration
Mr. Mark Bailey – National Association of Government Employees
Ms. Christine Polnak – Service Employees International Union
Ms. Irma Westmoreland – National Nurses Union
Mr. James Martin – American Federation of Government Employees
Mr. Calvin Scott – National Federation of Federal Employees
Mr. Sean Foertsch – MyVA Communications

DAY 1

Day 1 of the MVAC meeting started at 8:00 a.m. with a closed session which included a tour of the James A. Haley Veterans' Hospital and Primary Care Annex for Committee members to experience VA care in action.

Welcome/Tour:

James A. Haley Veterans' Hospital Director Mr. Joe Battle met and welcomed Committee members, the Secretary, and Deputy Secretary to the James A. Haley Veterans' Hospital and Primary Care Annex. This welcome was followed by a tour of the facilities.

The welcome/tour included special invited guests:

Mr. Mark Bailey – National Association of Government Employees (NAGE)
Ms. Christine Polnak – Service Employees International Union (SEIU)
Ms. Irma Westmoreland – National Nurses Union (NNU)
Dr. James Martin – American Federation of Government Employees (AFGE)



Mr. Calvin Scott – National Federation of Federal Employees (NFFE)
Dr. Jonathan Perlin – Special Medical Advisory Group (SMAG)
Mr. Carlos Fuentes – Veterans of Foreign Wars (VFW)

Welcome/Open Meeting

The public session of the meeting began at 1:00pm with Chairman Robles opening the meeting and Committee members providing brief self-introductions. In addition to the introductions, Chairman Robles asked each person to share a quick 60-second story about a Veteran they spoke with since the last meeting in July.

Chairman Robles reminded the audience of the MVAC's role and scope, which is to provide advice, not make decisions, regarding VA. He said it takes time for resolution. The MVAC, in many cases, acts as a translator for the Veteran experience.

Chairman Robles talked about the importance of communications and leadership in making things happen. He reminded the audience of the norms and rules of engagement for the meeting. We need to have people speak up, with everyone respecting each other. Chairman Robles thanked everyone for their hard work, especially Mr. Snyder, Executive Director of MyVA, and his team.

Chairman Robles praised staff about the work they did on the MyVA Integrated Plan and that the Plan was a pretty good document which provides a good road map. He further stated that communications is important, and that it is all about people. (Slides 5-10)

Chairman Robles explained that a successful MVAC meeting would foster dialogue about the MyVA Integrated Plan and that he would like to have candor come out. He also stated that he was proud to have the Unions included as a part of the meeting and that this was a world-class endeavor. (Slide 11)

Department Progress Update

Secretary McDonald and Deputy Secretary Gibson provided an update on important developments since the July meeting. Some of these developments include developing the regional framework for the five Districts and moving to state boundaries, where nothing changes for the Veteran, but VA now has a consistent administrative framework, and cutting VISNs from 21 to 18.

Secretary McDonald spoke about Congressman Joe Manchin's visit and his complaint about having 4 VISNs in his State, which has since then been reduced to one. Claims have been reduced from 613,000 to 72,000, with the key being digitization. VA scheduled 7 million more health appointments this year, including about 4.5 million for care in the community. There will be 50 MyVA Communities by the end of this year that will help VA's decision-making process. The best companies in the world have decision-making at the lowest level possible. Both Secretary McDonald and Deputy Secretary Gibson testified about appointment achievements.



Secretary McDonald talked about local responsibility for customer needs and that not every decision needs to come from the DC headquarters. He stated that VA is acting on the Choice Act recommendations which were recently released in a 4,000 page report based on the findings of the Care Commission. VA knew most of what was reported, and the report went into depth on these issues. Congress wanted to create an independent governance board; however, the Secretary said VA does not need one as we will work with Congress to get the Veterans the results they deserve.

The Secretary mentioned the Denver hospital project and said that VA has clear sailing for the Army Corps of Engineering to complete the project, which is the right thing to do for the public. The Deputy Secretary stated that he has great confidence in the construction team's ability to manage large contracts. The Secretary also talked about Los Angeles and that it is ground zero for homeless Veterans. VA settled with Los Angeles on the differences between their approaches towards homelessness and now has an effective partnership. The leasing agreement allows for additional housing on a large campus in Los Angeles for Veterans.

Deputy Secretary Gibson gave Ms. Hickey kudos for the transformation that had taken place in VBA. He said that VBA has transformed more for the benefit of its customers in the shortest time than any other agency in government.

Mr. Bulls asked why such stories as VBA's transformation are not told.

Deputy Secretary Gibson said that unfortunately, these are not the stories that are told. He stated that he and Secretary McDonald make it a point to tell "the whole story" when they travel. The work is extraordinary, and he is starting to see the difference in the VA clippings that are shared throughout the organization. The conversation is starting to change because the results are changing. As a result, there are more positive stories this year than compared to the same time last year.

Dr. Howard asked about longitudinal studies and the tone of the stories that are written about VA. (Slide 15)

Deputy Secretary Gibson said we have not always been consistent on this, but even slight analysis reveals a positive change.

Additional successes mentioned by the Deputy Secretary include disbursement of over \$90 B in direct benefits to Veterans and their dependents, including the fact that VA is the 11th largest insurance provider in the U.S.; reduction of the average number of days for a Veteran waiting for a claims decision from 189 days to 93 days; and electronic processing of 99.8% of disability compensation claims, reflecting a lot of cooperation between VHA and VBA.

Secretary McDonald talked about the recent Leaders Developing Leaders (LDL) training that included 320 field leaders from the Veterans Health Administration (VHA), the National Cemetery Administration (NCA), and the Veterans Benefits Administration (VBA), and how this



training was the first of its kind for VA. He showed a 2-minute video of the training and how it translates for everyone.

Deputy Secretary Gibson told two quick stories about the Polytrauma Center that he toured with the MVAC earlier in the day. During a trip to West Point two years ago, he was introduced to an Army Ranger (Cory) who had been severely wounded in Afghanistan. Cory had surgeries in Afghanistan, Germany, and at Walter Reed and the Tampa Polytrauma Center. Cory arrived in a comatose state. The Center uses a program called Emerging Consciousness to try to bring a person back to consciousness. Cory returned to consciousness three months after his injury and remained at Tampa for a year. Cory can now walk a mile without a walker, is swimming, and is learning how to drive.

When he was with the United Services Organization (USO), Deputy Secretary Gibson visited the Polytrauma Center while it was still under construction. He said was met by an unusual construction worker (one of the first he had seen in a cowboy hard hat) who gave him a tour of the construction site. The tour guide had an amazing depth of knowledge about the facility and its construction. When the tour guide was asked why he was so passionate about the construction details, he stated that "it is because I know who it is for."

The Deputy Secretary further stated that 78% of Veterans need multiple forms of health care. VA is working to increase the amount of health care it provides to Veterans, but the Department needs about \$1.4 billion for VA to provide that care. The Deputy stated that the Secretary is working with Congress to get a budget. The House of Representatives cut the President's budget in health care and construction, which is problematic as demand is increasing and funding is staying the same.

The Secretary talked about aligning seven systems into one. He also spoke of the Continuing Resolution (CR) and how VA is working with Congress to get a budget that meets the organization's future goals, which is a big challenge. (Slide 16)

MyVA Progress Update

Mr. Snyder and Mr. Blackburn gave a progress report on the MyVA effort. Mr. Snyder stated the MyVA Integrated Plan was released to the public on July 30, 2015, and was received favorably. He stated that we are now in execution mode, and it is critical that the Department demonstrate momentum and change by December 2016. Also, we will need to make updates to the plan, especially in determining how we track progress. This was also the first year anniversary for Secretary McDonald. (Slide 18)

Both Mr. Snyder and Mr. Blackburn talked about the progress made within the five MyVA work streams.

Mr. Blackburn discussed improving the Veteran experience to include the debut of the www.vets.gov on Veterans Day, November 11. The Veterans Day release will be a 1% solution that VA will use to demonstrate direction. There are approximately 19 members of the Digital



Development Team from the Silicon Valley area that are helping develop this Veteran-centric web site.

The Department is also moving towards a National VA Contact Center strategy that can be compared to New York City's 311 program which provides assistance. This new strategy will shut down over 100 1-800 numbers within VA that are not being used, and will allow Veterans to call one telephone number to have the majority of their questions answered.

He also talked about the Customer Data Integration (CDI) project which consolidates multiple databases, all with different information. The Veteran experience measurement within two years is getting a 90% agreement from among Veterans with the statement "I trust VA..." (the first top two boxes on a Likert scale). VA is currently rolling out this project to get a sample for a real-time baseline for information based on the Department of Defense's Interactive Customer Evaluation (ICE) Program which embeds the questions in all surveys for Veterans.

Mr. Blackburn said compensation and pension exams are pain points for Veterans. We are taking a Human Centered Design (HCD) approach to redesigning these exam experiences.

The Secretary is interested in growing VA's capabilities in HCD and stated that as the MVAC is meeting right now, ten VA leaders are at Proctor and Gamble in Cincinnati for HCD training. Mr. Blackburn shared a story of a 3-star General and his experience with his compensation and pension examination.

Mr. Snyder talked about improving the Employee experience, mentioning the very recent Leaders Developing Leaders (LDL) training which was held in September and his optimism that this was a watershed event. He also talked about the expansion of other leadership programs such as Leadership VA (LVA), and the reinvigorated Senior Executive Service Candidate Development Program (SESCDP). Mr. Snyder spoke about employee engagement and recognition and how we have not done so well in the past. Development and recognition of the "I CARE" awards is an acknowledgement of those who have stepped up to the plate.

Mr. Snyder talked about IdeaHouse and how this program is under-resourced and that VA has to figure out how to properly resource it. Over 5,000 ideas have been submitted so far. He also discussed internal communications and that we need to put more resources on this team, and that the Chief of Staff is taking the lead in organizing resources for it. (Slide 20)

Mr. Blackburn spoke about Support Services Excellence's (SSE) establishment of a governance model and how SSE acted quickly on security issues by standardizing the VA police position descriptions. He also discussed LaVerne Council, Assistant Secretary for the Office of Information Technology, and that she is currently holding her offsite meeting and finalizing the IT Strategic Plan. This plan will include better customer service and increased cyber security.

Mr. Blackburn talked about the recent Choice Act, Section 201. He mentioned how VA does very well with supply chain regarding pharmaceuticals, and that VA leads customer service ratings for mail order buys. (Slide 21)



Mr. Snyder spoke about the establishment of a culture of continuous performance improvement and the hunger that employees have for organizational cross-training (VA 101), which was conducted at 60 locations and familiarizes staff with VA as a whole. He also spoke about the importance of engagement tools which gets the Veterans in the right direction. The Performance Improvement team's goal is to have 50% of the workforce trained by December 2016.

Ms. Carlson asked about who the audience was for the training, and Mr. Snyder responded that it was the employees and leadership.

Mr. Snyder spoke of the Veterans Crisis Line (VCL), led by Mr. David Carroll, and how it is an award winning story in Canandaigua, New York. The VCL should be a high mark of a successful call center for VA. These improvements will provide the needed additional staffing, training, equipment, and facilities to better serve our Veterans.

Mr. Snyder said that VA is adopting Lean as its process improvement methodology. During the Gallery Walk tomorrow, Ms. Stacy Vasquez, the Performance Improvement Team Lead, will demonstrate a knowledge management platform that captures Lean information and best practices. This platform will be used to share information with both employees and managers across VA. He stated that Ms. Hickey is working with her staff in VBA to collect best practices, and that VBA will work with Ms. Vasquez to publish them. He also mentioned the Lean Symposium that will be held in March 2016. (Slide 22)

Mr. Blackburn talked about strategic partnerships and introduced Ms. Rashi Venkataraman, who was representing that office. He mentioned VA's current partnership with Walgreens and its flu shot program, and partnerships such as the Wounded Warrior Project. Mr. Blackburn mentioned a new partnership with the Elks National Foundation, which will contribute \$4 million towards ending Veteran homelessness. He also mentioned the Brain Summit coming up in 2016.

Mr. Blackburn introduced Ms. Rosye Cloud, Veterans Economic Community Initiative (VECI), and Ms. Margarita Devlin, of MyVA Communities, and how they are working together closely to implement their respective programs. He stated that the original intent for the MyVA Communities was to get the Veterans Experience field force on the ground first; however, hiring delays have hindered progress. Without the field force on the ground, we have had some bumps on the ground, but that we have had great partners at the State and local levels. Ms. Hickey said that she had received many emails from mayors who were excited to be part of the VECI program. Mr. Blackburn stated that the Veterans Experience field teams deployed. (Slide 23)

Mr. Snyder spoke about operationalizing the MyVA Integrated Plan as the Department's transformation for an integrated Veterans experience, a One-VA they can count on. This experience includes access to quality health care, delivery of timely benefits, timely and accurate appeals, and access to memorial services. Mr. Snyder mentioned seven focus areas which are aligning requirements, strategies, and budgets in operating model; attracting and



staffing critical needs; developing and retaining passionate leaders; implementing design thinking and lean management; transforming to customer focused IT; transforming to an efficient and effective supply chain; and building and sustaining the facilities that our Veterans need. Mr. Snyder also said that we need to listen to our Veterans and hear what they want.

Mr. Blackburn talked about how best to serve Veterans and asked where do we put the chips. (Slide 24)

The Secretary said that he told his 320 top leaders that "MyVA is not additional work for you – it is how you get your work done."

Dr. Howard asked if leaders see the Leaders Developing Leaders training as an event or game changer (enabler).

Mr. Blackburn said the LDL session in Leesburg was the first time the Secretary and Deputy Secretary looked all field leaders in the eye at the same time and discussed MyVA. This training was a great way to flip the conversation – headquarters is not there to serve leaders, it is there to serve the field.

Deputy Secretary Gibson said Leesburg was an opportunity for change. He talked about the review of reports, approvals, meetings, metrics, and policies (RAMMP). The Deputy also stated that some things were killed right on the spot, and should be driven down into the organization. This reinforced the concept that MyVA is the way of doing work, not an addition to doing your work.

The Deputy said he asked the Audiology/Optometry Pilot leaders to estimate how practitioner capacity would be freed up if a national rollout was conducted. This pilot will test the viability of allowing Veterans to schedule appointments directly with audiologists and optometrists without first getting a referral from a Primary Care Physician.

Ms. Reaves talked about the continuous learning from the mistakes VA made with Veterans from other wars and reminded the group not to forget the Veterans of today who will live to be 70 year old Veterans. She said VA needs to make sure that it does not let its 5-year plan be short-sighted.

Secretary McDonald said VA should look at the Department of Defense's facilities which are no longer needed and partner with others such as the Native American health care system in Alaska. We need to look at the integrated health system of the future, including virtual and tele-health.

Veterans Health Administration (VHA) Transformation (Slides 27-70)

Dr. Shulkin started his presentation by stating that VA is a unique national resource, and when it overcomes its challenges, we can do something wonderful. He stated that VA is an opportunity for an unparalleled system of care to include salaried physicians without misaligned incentives;



sufficient scale to make infrastructure investments; a full continuum of care; and, the ability to address social components of health (psychological, homelessness, transportation, community centers, and caregivers).

Dr. Shulkin posed the question “what does MyVA mean, and how VHA should look at it.” He stated that VHA’s method for changing the delivery of health care to Veterans will be MyVA and its strategies, which includes enablers, process improvement efforts, and transformational initiatives intended to impact the Veteran experience, to mention a few. VHA’s self-reflection has included focus groups that focused mostly on enablers and process improvement tools, and not enough on targeted outcomes that are important to Veterans. Dr. Shulkin talked about VHA’s five priorities and which includes access, employee engagement, best practices and consistency, development of a High Performance Network, and restoration of trust and confidence.

Dr. Shulkin also discussed his Dashboard for Priorities that included access, staff engagement, leadership openings, best practices, high performance network, and trust and confidence. He mentioned the One-VA seamless movement between facilities that include a MyVA project to identify current barriers, and policy and process improvements for moving care freely between VA facilities. Veterans should be able to go to any of the 1,700 facilities for care without having to re-register at the new location. Dr. Shulkin spoke about the tele-health benefits program that is being piloted using VHA’s backbone infrastructure. He also mentioned the commitment to move towards reducing the long wait lists for over 90 days.

Dr. Shulkin said he is proposing an Agency Priority Goal (APG) measure of the % of Veterans who answer “yes” to the question of whether they “always” get appointments. VA is almost 6 points lower than private hospitals on access; however, it is almost 6 points better on comprehensiveness (Patient Aligned Care Teams [PACT]) as measured by the Survey of Healthcare Experiences of Patients (SHEP) scores. He is working on several access initiatives including the Veterans Crisis Line improvements and One-VA (seamless movement between facilities).

Dr. Shulkin also mentioned the keys to employee success are purpose, mastery, and autonomy. His hiring goal is to fill positions in 4 weeks, as hiring times are considerably longer than the private sector. With respect to staffing, 82% of hires are competed in 4 weeks; however, Dr. Shulkin spoke of the leadership holes which include a 25% vacancy in Medical Center Directors, and 45% in Network Directors.

Succession planning is critical and currently, the 40-45 year old “next level of leadership” does not exist in VHA, and that we need to address today’s need and the organization’s future needs. There are a lot of details going on and many acting and interim directors. VHA’s goal is to reduce vacancies by 50% by June 2016.

Dr. Shulkin said VHA has too many leadership vacancies open, and that we need to develop new strategies such as adopting the VA Corps based on the Peace Corps model. Key



executives would be identified and detailed to VHA for a period of time in critical positions. VHA needs legislative help for implementing the VA Corps as it could be a quick fix for new talent.

Dr. Shulkin said VHA is going to emphasize the identification and cascading of best practices. When the VISN model was first implemented, it encouraged innovation and experimentation, but the model is now 15 years old and has resulted in widespread variability among VHA sites. Identification of best practices has become fragmented. Dr. Shulkin mentioned that Tampa has a culture that promotes experimentation and innovation.

Dr. Shulkin said VHA's current state of best practices is fragmented and that there is no program or business office that is integrated or centrally managed. He also mentioned the standardization of the supply chain and that this should be a best practice across VA. The goal is to build a VHA enterprise-wide integrated supply chain that leverages size to harvest efficiencies and best practices along with standardizing data and processes.

Dr. Shulkin also said the network of non-VA providers selected on outcomes and performance is the best way to select the high performers across the country. It brings everything up to standard for the way we treat Veterans. Dr. Shulkin said access problems determine the areas for community networks. He wants to grow this network, which means that care coordination will become a major competency for VA and that we will also need to grow Congress' understanding of the payer roll.

Dr. Shulkin talked about trust and confidence and the Veterans Insights Panel which is a representative panel of 3,250 Veterans. Some of their recent activities include survey item development and testing; care in the community and the agency priority goal of increasing trust, to mention a few. Released "insights" find that VA practices are inconsistent and that trust is being impacted by physician turnover and access challenges. VHA will track the initiatives of the Veterans Insights Panel. Some of the key takeaways from the panels include: VA services are inconsistent, and most prominent in VHA; NCA is the only administration that provides an overwhelming positive experiences with VHA providing the most negative experiences; and that earning the trust of the Veteran is the key factor in their willingness to recommend VA services to any of their family and friends.

Dr. Shulkin closed his presentation and offered a time for questions.

Day 1 Wrap Up

Chairman Robles moderated the wrap up and stated that tomorrow the MVAC will participate in the Gallery Walk and Round tables. He also requested final thoughts from the day.

Dr. Howard said he has been thinking about trust and the media, and VA has been thinking too anecdotally about the media. If we are getting fewer bad stories, this is a good thing. We could use tools to analyze coverage for trends. Any major organization is going to have bad things happen – we need to look at the bigger picture.



Dr. Shulkin said he asked his direct reports to come to meetings with prepared press releases and that he will need professional help to get these out and published.

Dr. Howard asked if MyVA had a Communications Strategic Plan. He also stated we need a media footprint and that fewer bad stories are a good thing. Dr. Howard went on to state that academic institutions are happy to help build metrics such as a dashboard featuring neutral, positive, and negative article. This could also be conducted as a Harvard Business Review Case Study.

Ms. Tiglao stated the personal level in press releases is more successful as heartfelt stories resonate more with an audience. The arc of the story is most important and that at the end of the day, people will remember how you made them feel.

Dr. Herrera Scott said she was impressed with the number of partnerships that VA has with cities and states and that these partnerships are a huge win for something that is already being done.

Ms. Reaves said VA should remember that Veterans are the audience, and that VA should use the television screens within facilities to use for Veterans to tell their stories.

Chairman Robles said that Veterans are part of the audience and that patient satisfaction is a key issue. He asked why our stories are not on the television monitors in every VA hospital and clinic.

Dr. Carmona talked about the fact 80% of health care decisions are made by women and that VA should consider Mother's Day as an opportunity to reach Veterans. On this day, VA could have a campaign that asks mothers "What Does Your Veteran Need?"

Secretary McDonald offered several thoughts to include: holding a National Media Day; having all senior leaders available for Congressional members; having advocates out telling VA's story; having Veterans tell their story on Veterans Day; opening VA's culture; and having town hall meetings.

Secretary McDonald said we are moving away from a "Kremlinesque" culture.

Dr. Howard said maybe it is time for a Harvard Business Review Case Study. (Slide 73)

Day 1 Closing remarks were provided by Chairman Robles and Secretary McDonald and the meeting was adjourned at 4:53p.m.



DAY 2

Day 2 of the MVAC meeting opened at 8:00 a.m.

Welcome:

Chairman Robles opened the meeting with welcoming remarks, spoke about the agenda for the day, and reflections from Day One. He also discussed concerns that VA needs to understand millennials and the need to serve multiple demographics, also with respect to employees who are millennials.

Secretary McDonald said this is only the beginning. He wants to create a video based on the LDL work that talks about the importance of leadership and engagement. Next Monday, all the leaders in the LDL will get a kit that helps them to teach the teachable point of view, (elevator speech, workbooks etc.) This will help them to help cascade teaching.

Chairman Robles said the time he put toward leader development was the most important investment he made.

Secretary McDonald suggested sending the LDL link to the MVAC.

Ms. Reaves said we also need to remember the number of vacant positions and the people who will retire. VA needs to figure out where it will find its pool of people. It is important to hire the right person for the right job. Perhaps retirees?

Secretary McDonald agreed and said he needs Congressional help for this. VA Hospital Housekeepers, for example, are classified artificially low because the Office of Personnel Management (OPM) lumps them in with all other janitorial staff classifications.

Dr. Shulkin said VHA has used Title 38 and Title 5 to adjust pay bands for professional staff but still struggles to bring on managers and leaders. Pay bands are capped at around 60% of market, and he would like to use Title 38 to get closer to market for Senior Administrators. He agrees VA also needs to understand millennials and the fact that they want a better work life balance. Federal regulations do not allow us to be that flexible (an employee cannot be scheduled for three 12 hour shifts without being considered part time). Dr. Shulkin said he would like to see these regulations changed, and the Unions support this.

Dr. Howard said millennials are hard to get and hard to keep – but they really have that ‘service’ gene. He asked if VA polled millennials specifically about their views of VA. VA should think about how we are marketing and communicating to this demographic.



Ms. Carlson said there are some big trends around work/life balance; for example, some companies do not track vacation hours any more. They just track whether the employee has met outcomes. Maybe we could get experts from the private sector to educate Congress so they can understand how others are recruiting and compensating.

Ms. Tiglao said it is good to get VA staff to work side by side with all of the demographics as it demonstrates trust and creates more cheerleaders. She asked how VA could insert itself into specific events and partnerships and stated that VA must show interest in their (volunteer) concerns.

Ms. Hickey said VBA now teaches classes in claims processing in some areas – students are guaranteed a job upon retirement if they pass the course.

Dr. Carmona said there is a big push for retirees to get back into the work force. There is great potential to partner with groups like the American Association of Retired Persons (AARP) to identify folks who have management and leadership skills and use them to help VA folks.

Mr. Blackburn said VA is working with The White House on a similar initiative. There is a group of Federal employees who have reached mandatory age who want to serve, and they are figuring out how to onboard them.

Dr. Carmona recommended VA do as much as possible under administrative rules. Legislation should be considered a last resort.

Dr. Howard mentioned the Franklin Project, which is service-based in varying capacities. There may be five to seven similar pipelines.

Dr. Carmoha said President Bush observed that people came out of the woodwork to help after disasters. The question was how to organize them on a permanent basis? His administration started the Medical Reserve Corps and there are over a million volunteers now. It is a good example of how to harness talent. The AARP and others are distribution channels for these ideas.

Chairman Robles said change management is a first cousin to communications. It is important to have a change management plan to go along with other plans.

Dr. Mariano asked how do you perpetuate change. The election is next year – how do we continue this momentum into new administration?



Secretary McDonald said he is working on three things to keep up the change: 1) socialize the transformation to the VSOs; he hopes they agree with this direction; 2) get “irreversible momentum” and that LDL key to creating this irreversible momentum; and, 3) match long time employees with new members from the outside to balance perspectives and take new ideas forward.

Deputy Secretary Gibson said VBA has transformed more than any other organization. The Veterans Benefit Management System has change management at its core, and the role of Unions was critical to its success.

Ms. Hickey promised a 45-day plan during her confirmation hearings and she implemented the plan. One of the first things she did was to train senior managers in every Regional Office in change management. Every one of her 60 initiatives had both Union and Veterans Service Organization (VSO) participation in pilots – it was mandated. Managers had access to her to break down barriers. (Slide 75)

Mr. Blackburn provided a quick review of the “Gallery Walk” Stations that offered the MVAC members the opportunity to walk from station to station to spend time with the work stream leaders to deep dive into their respective areas (Slide 76).

The “Gallery Walk” Stations included: Veterans Experience – MyVA Communities and VECI, led by Ms. Margarita Devlin and Ms. Rosye Cloud; Unified Veteran Experience, led by Mr. Tom Allin; Employee Experience – Leaders Developing Leaders, led by Ms. Gina Farrisee; IdeaHouse, led by Ms. Deb Kramer; Supply Chain/Integrating Events, led by Mr. Greg Giddens and Mr. Tom Muir; Performance Improvement – Creating a Lean Culture, led by Ms. Stacy Vasquez; Veterans Crisis Line, led by Mr. David Carroll; and Strategic Partnerships, led by Ms. Rashi Venkataraman. (Slide 76)

Mr. Blackburn posed three questions for the audience to consider when on the Gallery Walk. For the transformation: what are the top 2-3 key messages that you wish our Veterans could take away from what we are doing?; what are the top 2-3 key messages that you wish every VA employee would take away if they were here today?; and, what are the top 2-3 key messages that you wish Congress and other government stakeholders would take away if they were here today? Mr. Blackburn also asked the participants to pair up with a “battle buddy” and take notes for the debrief afterwards. (Slide 77)

Debrief and Feedback from the Gallery Walk

Dr. Herrera Scott talked about how much is being worked on and that it was exciting to go through the different stations at the Gallery Walk. She appreciates all the work and sees progress.



Chairman Robles said the message to Veterans should be that they are most important and that VA is going to do everything possible to get them the services they need. He also said he was struck by the momentum he saw and that folks want to join the team.

Dr. Herrera Scott said Veterans only spend a small part of their time at VA, and therefore, strategic partnerships are key. She also said the Veteran Experience's beta testing is important because the launching of the www.vets.gov is significant to Veterans as they can go to one source to have their questions answered. It gives Veterans better information and a simplified process, and also helps State offices.

Chairman Robles said VA should not limit itself when it comes to strategic partnerships as there are endless possibilities.

Secretary McDonald says that since Mr. Matt Collier has come on board, Strategic Partnerships has been inundated with organizations who want to partner with VA. VA's challenge now is to wade through all of these partnerships and think of partnerships in terms of strategic needs.

Dr. Mariano said she was struck by how much more we are engaging employees.

Chairman Robles stated that VA must train employees and give them the tools for success. IdeaHouse and Lean training come together for employees.

Dr. Herrera Scott asked how VA communicates with employees.

Secretary McDonald said the early feedback he received from site visits was along the lines of "we are prisoners of a system we can't change." Employees need tools, resources, and a better sense of the connection between themselves and the organizational mission. All of our strategies will come together in an interdependent way.

Secretary McDonald said the videos were a part of the toolkit to be provided to the 320 Leaders Developing Leaders participants. He also said he and Deputy Secretary Gibson will attend training sessions around the country and so other leadership. The Secretary said it was important to see the video and that we should have nesting visions, strategies, and action plans. He said MVAC members would receive the LDL toolkit.

Deputy Secretary Gibson said we have an overarching approach for transformation – it is a series of pillars. The delivery of the message through one channel is a mistake. He said the message needs to be reinforced when leaders such as the Secretary, and VHA and VBA leadership, and himself are in the field. Also, the Deputy Secretary talked about the cascading



of the LDL video and drilling the RAMMP down to individual offices will make change real to the front line.

Mr. Bulls stated we have a fantastic strategic framework and that stakeholders have to feel they are involved. During his visit to the Performance Improvement station, Mr. Bulls said he talked to two Union representatives who stated they were sometimes not involved in process improvements.

Dr. Howard said VA could use workout techniques to engage them in change. We need multiple ways with multiple stakeholders to build opportunities to participate in change. Secretary McDonald said when he got here, he did not see the Unions as part of the team, and VA had to figure out how to engage them. Lean thinking works best on the backside and systems thinking works best on the front side. He asked Ms. Vasquez and Mr. Allin to think about engaging Unions in both the Human Center Design and Lean training as these are two core capabilities we want to develop.

Dr. Herrera Scott visited the Unified Veterans Experience and thought it was good that the Veterans and Unions had reviewed the pages. This highlighted the ways in which Veterans and employees are participating in the transformation process.

Dr. Herrera Scott talked about what MyVA's message is to Congress and other government stakeholders.

Chairman Robles said the message to Congress is that it is important for them to understand VA's stewardship responsibilities.

Ms. Carlson said how impressed she was with the knowledge management side and that she sees the passion from the group. She also said she is impressed with the transparent feedback that has been received and its use in adjusting the solution or pilot. Ms. Carlson also talked about agility in looking at the green and yellow process and determining what is working and what is not working. VA should pilot a program on a global level and get feedback and be transparent.

Ms. Carlson also said she was amazed at the partnerships and that VA is for the first time trying to put the program together in one place for a programmatic approach. This approach is thoughtful. She also wanted VA to consider who the partners are and how to categorize them. Partnerships should go through certification at various levels. Many corporations want to partner with VA but first, we have to know what groups we currently have partnerships with and



figure out those that are missing and go after them. Ms. Carlson also said that Performance Improvement and Strategic Partnerships have moved the ball out quickly.

Dr. Carmona said VA has to figure out the Congressional persons we need to speak with relating to VA, and they are the staffers. VA must develop relationships and not just contact them when we want something. Messaging is important along with delivery. He further stated that VA has to help Congress solve their problems every day, and then, they are more than likely to help. Dr. Carmona asked what can VA feed Congress during this election year.

Secretary McDonald responded by saying VA has been briefing staffers, and unfortunately, there has not been much engagement from their side. He stated that VA will work with the Committee Chairs.

Dr. Carmona talked about engaging on a personal level and that once they see you humanistically, it is hard to attack. He also said it takes time to build personal relationships at the staffer level.

Ms. Reaves asked what can the MVAC members do at a local level as individuals.

Mr. Moragne, Director for the Advisory Committee Office, stated members are not allowed to represent the Department to Congress, but they can speak as individuals.

Ms. Tiglaio stated she spoke to a Veterans Service Organization (VSO) about the MyVA initiative, talking about the good and not so good as it is best to bring up both sides. She said that VSOs can be champions for the MyVA initiative.

Ms. Carlson was impressed with IdeaHouse and how the ideas are cross-walked to the Strategic Plan and MyVA. This helps people understand their role more broadly and also helps them to see how they impact the different moving parts of MyVA. It would be great to take that to scale.

Chairman Robles said the biggest mistake leaders make is to assume that employees connect the dots. Once they understand, they are more willing to help.

Secretary McDonald said we are working on the technology of how to get the interrelated actions plans charted simplistically to show how all of it works together.

Mr. Blackburn talked about how the chart demonstrates the core efforts coming together – how we are doing, where we are going, and what we need to do to make course corrections. We need to get a Business 101 focus on priorities and resourcing.



Ms. Carlson said she loves the idea of an integrated Veteran experience, but she does not think it will be successful until the databases are pulled together. Technology has evolved in this area that can allow VA to pull this information together with the mapping process. Until it comes together tightly in one database, this will not work even though she loves the idea. VA may need to start from scratch in terms of dealing with Veteran data.

Secretary McDonald said we need to move from silos to a matrixed organization.

Ms. Carlson said we are almost staring with new scaling and we will have to enable analytics for this to be achievable.

Dr. Carmona said he was impressed with the passion and knowledge at every station, and stated that technology was missing. He said that information and adjacencies could help and that we should spend more time on the message with communications and how we do it. He asked what are the messages that best stick with people.

Secretary McDonald said we are working on the Customer Data Integration and we do have multiple databases.

Mr. Allin said there are over 200 databases.

Ms. Carlson said it may be easier to start "net new" and that we will be able to use the data in many different ways.

Mr. Snyder agreed stating there are three integrated initiatives around data – the new Veteran web site, the Contact Center, and CDI.

Dr. Carmona again said he is very impressed with the passion and knowledge at every station. There is a tangential benefit in the use of this technology for employee engagement. How do we develop resonant messages that promote change? We can create neural networks with information that influence purchasing decisions. We want to predict behavior. What are the resonant messages that influence behavior?

Ms. Tiglao recommended we need buy in from employees and we need to put resources behind communications as it is important communications be done well.

Chairman Robles returned to the topic of databases, recommending VA only merge one at a time, advising the group not to cut corners. A lot of data cleansing needs to happen and you must go slow in order to go fast.



Dr. Herrera Scott asked Mr. Snyder and Mr. Blackburn how much interaction is happening across lines with all of these initiatives. Is there overlap, and how is it working?

Mr. Snyder said there is integration between the work streams and the administrations, along with management of integration between work streams.

Mr. Blackburn said the challenge is managing the passion and that the work needs to roll up to the overall vision. We need to support each other as we become more challenged.

How Unions are Helping Achieve the MyVA Vision

Secretary McDonald opened by saying he is thrilled to have Unions onboard as partners.

Mr. Calvin Scott of the National Federation of Federal Employees (NFFE) said that partnership can be achieved with continued communication. It will take continued leadership from both the Unions and VA leadership to change the culture. He introduced the other Union representatives:

- Mr. Mark Bailey – National Association of Government Employees (NAGE)
- Dr. James Martin – American Federation of Government Employees (AFGE)
- Ms. Christine Polnak – Service Employees International Union (SEIU)
- Ms. Irma Westmoreland – National Nurses Union (NNU)

Dr. Martin introduced himself as an emergency room physician and does research (he has worked with P&G in the past). Unions are committed to rebuilding trust and working on culture change. He liked the conference in which the Secretary was onstage with employees. The most difficult part of his job is encouraging gun shy employees to come forward with ideas. However, they are seeing the change with IdeaHouse.

Ms. Polnak made a commitment that she will join leaders on the front line. Unions and management need to be together as leaders. This will show that we have the same message and same voice. Employees do want change. They want collaborative improvement – to walk the walk. We must show them that transformation is the “right side of the fence.” There are lots of venues outside of the national partnerships - the Unions are also involved in their communities. Union leaders need to be informed so they can represent the facts, and everyone needs to understand Union leadership dynamics (MOUs, etc.) Unions need to be able to know that information is true and actionable. She has noticed that anything she has asked for she has been given. So, she asks the Secretary to support them in moving forward and to work hard to bring managers along.



Secretary McDonald said he noticed that some managers do not share the transformation, and he knows he needs to fix this.

Ms. Polnak said this is a culture change within itself. She welcomes the platform to speak out and be heard.

Dr. Herrera-Scott asked, do Unions communicate with employees on a different channel than MyVA?

Ms. Polnak said there are a variety of ways in which they communicate, so it is very important to have a consistent message. Everyone hears and understands messages differently, depending on their experience.

Dr. Martin commented on his experience with 7422 training two years ago. There was joint VA leader/Union Leader presence, and the audience saw the buy-in.

Ms. Westmoreland said Unions do have different channels: newsletters, messages, personal visits, etc. They support, where they can, VA's legislative priorities.

Mr. Scott reminded the group that all Union leadership is elected.

Ms. Polnak went on to say that it is good to have Union leaders seen walking the halls with VA leadership, mayors, and dignitaries.

Ms. Westmoreland said that VA has the power to make nurses work days, evenings, and nights within the same month – and supervisors do this because they can. VA needs to take the policies and regulations and interpret them to fit employee needs.

Secretary McDonald thanked her for the feedback and agreed to take this on.

Ms. Westmoreland went on to say she is happy to hear that Union representatives should be onstage with the Director, but they need the training too. She wants to see local labor relations improve. But it will not happen unless it is seen as more than an Executive Order. Folks are "waiting us out."

Ms. Westmoreland said the Secretary has done a great job of modeling behavior, but it has not made a big dent yet. She loved "the hub" at the Gallery Walk (Knowledge management). She believes this will be a real help and ended by reminding the group that she and the others



cannot give up their due diligence responsibilities when it comes to bargaining.

Ms. Westmoreland said she appreciated being brought in by the MyVA Task Force last week (MyVA Deep Dive) and hopes to continue this type of communications and relationship building.

Mr. Bailey said he is very committed to making sure that VA is a vehicle for Veterans. He thinks the Secretary is a breath of fresh air and that he has not seen a Secretary like this since the days of Secretary Jesse Brown and Secretary Max Cleveland. What he and his members need is to have information distributed timely and to everyone at VA. He also wants to encourage collaboration up and down the organization. He told the group that members communicate to Unions so that challenges can be brought to management attention; employee concerns need to be taken seriously. Leaders need to take the time to communicate about concerns, whether or not they agree with them. Employees have important relationships with Veterans and care how they are treated.

Dr. Howard said it must be a point of frustration when the employee/Union member thinks we are not serving Veterans well. Sometimes this is because of a bad manager, but sometimes the manager's hands are tied. What is the sense of how often it is the bad manager, and how often it is a stuck manager?

Mr. Bailey stated that sometimes first level managers just do not know any better because information does not get down to them. And sometimes they do not feel comfortable bringing information up the chain. VA needs to empower employees to review regulations and policies and recommend changes. Unfortunately, there is no communication about laws, regulations, and policies even though there are implications on processes and procedures.

Dr. Herrera Scott asked if the message should be scripted.

Mr. Bailey replied the message needs to be conveyed in ways audience can understand. Employees should not be told "you're a Veteran, but you are an employee now, so you have to forget you are a Veteran."

Ms. Polnak said it was helpful to have managers and employees trained together.

Dr. Shulkin said he was heartened to hear this type of dialog. He is surprised to hear how many times the Secretary is asked how many people he has fired and told that he is not holding people accountable. This points to the fact that we have not dealt adequately with people who do not share VA's values. There are concerns about perceptions that poor performers are not dealt with and the impact that has on Veteran services. What best practices do the Unions have to engage people who have "checked out?"



Ms. Westmoreland deals with performance one on one, but she does it offline. As long as the manager is consistent and can show that they have used a reasonable approach, the Union will not get in the way.

Ms. Polnak agreed and added that they can say things the manager cannot say.

Mr. Bailey said the Unions need to check that the manager has done the right job. He has often reviewed employee complaints and has given feedback to that employee that that they do not really have a valid complaint and had better work with their manager more effectively.

Mr. Scott told the group there is a performance process in place, but that managers do not always use it well – they have used it as a “check the box” exercise. Some managers don’t take the time to have the communication at the beginning of the rating period to set expectations. If this is not done, ratings and promotions turn into a popularity contest, and employees know it. He said NCA does it right and others could learn from them. He continued that it is “reasonable, necessary, and in the public interest” for Unions to be involved in MyVA. Managers need to understand this. Union leadership spends a lot of time working with their employees. Folks have to understand the importance of Union leadership being available and are concerned about Union leaders telling the Secretary what is really going on.

Dr. Howard said it is very difficult to know how to both give and receive feedback. The best business schools and companies teach this because it is hard. It is not always the case that someone who is promoted gets the training and support to know how to give feedback.

Ms. Farrisee and Secretary McDonald agreed that online supervisor training needs to be expanded. They are looking into this as part of LDL.

Mr. Giddens said we do not always give enough bandwidth to our supervisors to do that part of their job (as opposed to doing the day to day work).

Ms. Tiglao asked what can the Unions do to proactively help folks work better. How does the Union’s role expand to show help employees.

Dr. Shulkin said perhaps we could use GEAR process which ties individual performance to organizational goals where the employees see a direct link between the two.

Mr. Scott said the lion’s share of supervisors and managers are good. The bad ones are the 2%. If you have relationships and share objectives, it is easier for employees to do their best. (Slides 80-84)



Roundtable Discussions

Mr. Blackburn discussed the purpose of the roundtables which were designed to be candid discussions on topics on which MyVA will depend. Leaders should leave the roundtable with takeaways that will help them lead over the next few months. The three roundtable discussions were: integration at the district level; optimizing support services; and the overall VA transformation. The public and other attendees had the opportunity to sit in on the roundtables. (Slide 87)

Roundtable: Integrating at the District Level (Slide 88)

Moderator: Ms. Teresa Carlson

Participants:

- Ms. Jean Reaves, MVAC
- Deputy Secretary Gibson
- Mr. Tom Allin, VEO
- Mr. Mike Galloucis, VEO
- Ms. Stacy Vasquez, MyVA
- Mr. Carlos Fuentes, VFW
- Ms. Margarita Devlin, VEO
- Mr. Jim Wartski, VEO
- Mr. Hughes Turner, VEO
- Mr. Terry Edwards, MITRE
- Mr. Johnston Williamson, MyVA
- Mr. Irma Westmoreland, NNU
- Ms. Kerry Witty, VBA
- Mr. Stephan Frank, NCA
- Mr. Thomas Smith, VHA
- Mr. Thomas Wisnieski, VHA
- Mr. John Patrick, VHA

Highlights:

Understand that good service does not equal a good experience.

We need a means to promote the consistency of services and share best practices.



The largest seams/gaps are those between the administrator responsibilities between NCA, VBA, and VHA.

Use customer life events as a design mechanism to better understand the Veteran's experiences and how the District Offices can focus on improving the customer service attitude.

Look at processes from a customer's perspective of daily and long-term experience versus individual functions or events.

Service providers are looking for one touch point for District support.

The District Office (in terms of the Veterans Experience Office) is a "facilitator" or "coordinator" to support district service provider leaders to become aware of and help resolve issues. The District Office can also serve as a "quality control mechanism" of VA-wide services for the district service providers.

The expectation is skilled "Tier 1" support of the "front stage" activities, not just "is it plugged in." There is the understanding and ability to reach back for the right expertise and capabilities.

The common focus of discussion was to promote "consistency" across VA administration functions, districts, facilities, and lead cross-training opportunities and culture movements.

There is a lot of great progress in performance improvement initiatives, and the usability of the new knowledge management tools to help share best practices and information.

Customer life journeys, good focus, and future Veteran experience use cases need to consider both the Veteran and employee experiences.

A smooth experience means:

- "One-VA" versus 17 different departments:
 - How do Veterans see us?
 - What does the Veteran want from us?
 - What about care in the community?
- The employee knows s/he has support locally... move faster... more efficiently
- Front line product for respect to the Veterans and train properly

Solutions:

- Have better, common customer service training.
- Provide technological support for the employee/Veteran experience.
- Prioritize technology at the national level.
- Get to know each other's business lines by visiting the VA Medical Centers, cemeteries, and regional offices.
- Take action within the district teams.
- Solve problems at the lowest levels possible.



- Get training approved, i.e., 25 people trained at once to reduce the paperwork.
- Develop relationships with employees, Veterans, the community, and each other.
- Centralize best practices – can VEO be the conduit?
- Let values guide behavior (ICARE).
- Provide scripting and cross-training to enhance the knowledge base for those on the front lines.
- Share what is working well or poorly in the districts. VISNs 7, 8, and 9 are currently doing this. Share resources such as Boards.
- Eliminate the “seams” – discuss and plan across administrations.
- View the journey with life events (life journey) to include scenarios with surviving spouses, and identify the top 10 customer journeys.
- Enhance customer service attitudes, support, and time.
- Have regular meetings with a rotating host to share issues, common scorecard, VE scores, and identify areas where support is needed such as IT.
- View ourselves as VA versus VBA, NCA, and VHA (VA 101 and self-training capability).
- Extend volunteer roles.
- Look at other ways to train - use industry as an example.
- Define the target – what are we trying to achieve?
- Enjoy the journey.
- Achieve irreversible momentum that is built to last.

Roundtable Discussion – Optimizing Support Service (Slide 89)

Moderator: Mr. Herman Bulls

Participants:

- Dr. Laura Herrera Scott, MVAC
- Ms. Lourdes Tiglao, MVAC
- Ms. Gina Farrisee, HRA
- Mr. Greg Giddens, OALC
- Mr. Tom Muir, MyVA
- Mr. Matt Sullivan, NCA
- Ms. Kimberly Moseley, HRA
- Ms. Calvin Scott, NFFE
- Dr. Edward Cutolo, VHA

Highlights:

Governance structure needs to go down to the district/local levels.

There should be functional lines of communications to the field.



Union relationships with management - HR process fixes require complex problem solving with all stakeholders.

The contracting and supply chains are fragmented and decentralized, and we are not able to leverage the economies of scale.

We need a business strategy to speed up and simplify the process.

NCA is scaled with a centralized level already.

We need performance based Service Level Agreements (SLAs) for service levels and performance, which drives relationships, benchmarks, outcomes, and accountability.

The benefits of shared services:

- Economies of scale
- Pricing efficiencies
- Standardization
- Balance between autonomy and standards
- Mission focus
- Consistency
- Quality improvements
- Visibility/transparency

Challenges of shared services:

- Buy-in from stakeholders
- Willingness to change
- Loss of control
- Scalability
- Performance standards
- Equity
- Fragmentation
- Acceptable SLAs
- Prioritization and sequencing
- Mission connectivity
- Competency to implement
- Accountability
- Responsibility without authority
- Legislation and regulation



- Small business goals
- Characterization (culture, change management, and leadership)

Opportunities for shared services:

- Savings back into facilities
- Third party billing and recovery

Next steps:

- Extract best practices, deep dives, and scaling
- Migrate and pilot the franchise and supply funds
- Implement IT, HR, FIN, and contracts all at the same time
- Focus on Veteran with exceptions to policy
- Look at resources to accomplish mission
- Make the case for change and sell it to Veterans, employees, and stakeholders – then build upon it
- Develop a communications plan for internal and external stakeholders
- Conduct a pilot in each work stream, envision communications, champion with a roadmap, and execute
- Address the lack of commitment for those who are “waiting it out”
- Address interests by focusing on the Veteran

Is the value proposition clear? If not,

- Define the metrics
- Make the case for change

What have we learned?

- We are at a crisis point and we need to change to better serve Veterans
- We must know our case for change
- We need to overcome the barriers to achieve different outcomes
- We must leverage early adopters to gain traction for large scale change such as this transformation
- We have to focus on our mission and change the culture of fear

Summary:

- Make the value proposition clear to all stakeholders
- Communicate early and often with all stakeholders
- Find early adopters and engage in a pilot early with best practices
- Get on the bus or get off of the team
- Make sure there is accountability for performance
- Implement leadership and a culture change



Roundtable Discussion: Transformation Overall (Slide 90)

Moderator: Dr. Chris Howard

Participants:

- Secretary McDonald
- Chairman Robles, MVAC
- Dr. Connie Mariano, MVAC
- Dr. Richard Carmona, MyVA
- Mr. Bob Snyder, MyVA
- Mr. Scott Blackburn, MyVA
- Mr. Mike Feil, MyVA
- Mr. Mike Haith, HRA
- Ms. Christine Polnak, SEIU
- Ms. Irma Westmoreland, NNU
- Dr. James Martin, AFGE

Highlights:

Dr. Howard said MyVA is at a point where we all need to get some more detail. We have moved from “we’ve got an interesting plan” to “we’ve got to get this done.” It is time to move to implementation. He asked people around the table to grade themselves on transformation, focusing on culture, processes, and people.

Dr. Carmona said he would grade the transformation as a solid B. There is a whole list of things we could put out there but all the elements are in place. VA needs to get a definition of who we are – VA needs to own the story, instead of having the press owning the story.

Mr. Snyder gives a grade of B-. He is still concerned that so many disparate activities that have been launched. VA needs change management, and communications is still a problem.

Mr. Blackburn gives a grade of B. We need to get the right folks driving the right priorities. We need to know what are the key things we **MUST** get done and follow through. We do not want to build a big monstrosity that ends up half built – it’s better to build in modules.

Secretary McDonald gives a grade of B. His biggest fear is getting the right people on the bus. It took nine months to get some of his leaders confirmed and in place. He can’t think of everything. He needs to get like-minded leaders onboard.

Dr. Mariano gives a grade of B. She believes that VA has the right senior leadership in place. She is worried about what the public worries about – how can a Veteran get an appointment?



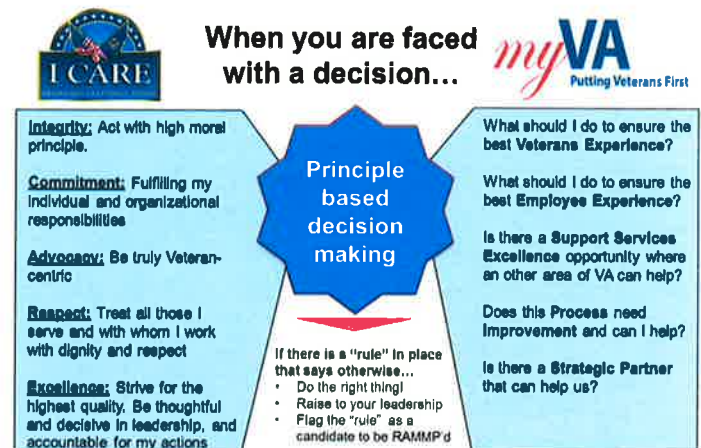
How does a Veteran get things done? VA needs to show results. Limit efforts to things like access and the new web site. "Spread the religion" about culture and change.

Mr. Feil gives the plan a grade of C. He concurs that the right people are in the right spots. He feels that VA needs to ensure that people in the field need have clear roles responsibilities and accountabilities in order to succeed. People need to know what their job is. If we look at the dashboard as encompassing activities across the enterprise, no responsibility should be uncovered.

Dr. Howard gives it a grade of B. VA is a big battleship to turn. He then asked the group to talk about culture. Is the culture Veteran-centric? Is it accountable? Does it have a basis for action?

Mr. Snyder and Mr. Blackburn told the group they had met with Ms. Hickey a few days before the meeting to talk about dashboards, but the conversation turned to one about culture change and moving VA from a rules-based to a principles-based organization. They recalled a conversation during the LDL offsite in Leesburg about treating a Veteran like they are your mom or dad.

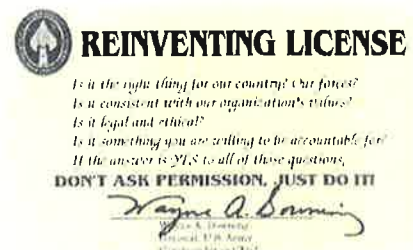
Ms. Hickey helped them to create a slide that showed the VA ICARE values on left and the MyVA Strategies (written as questions) on the right. The slide codifies thinking about a principles-base culture. If a given rule is just wrong – submit it to RAMMP process.



Ms. Hickey explained that what eventually clicked for her was the statement that MyVA is not *what* we are doing – it's *how* we are doing it. A VE employee can review the 5 strategies of MyVA when he or she is going to do something and check his/her action against them.

Dr. Howard said that you had a leader (Ms. Hickey) who was skeptical but has now changed – why? She saw how it would fit with what she is doing.

Mr. Feil asked is this a best practice? Is it everyone's job to operationalize MyVA by re-interpreting it for them, to translate it to what it means for them?





Dr. Howard said what Ms. Hickey is doing is sense-making. There is a battle between the specific and the universal. He mentioned the card General Dowling card used with his troops.

Mr. Feil said he thinks it should be one card at in every location. The card is a symbol.

Dr. Howard said the main thing is to give everyone a “license” to do the right thing.

Secretary McDonald said he wants to create a risk tolerant culture, acknowledging there will be mistakes. What other steps can we take to create that culture? Reward people to fail early and fail cheap. We need to find cathartic moments to influence culture.

Mr. Blackburn said we also need to find ways to celebrate. There is still a cultural fear that if I risk and succeed, great, but if I fail – that’s bad. Need to have our employees’ backs if they fail.

Dr. Carmona said this is a disruptive concept. In government, this concept is harder because folks have to deal with externalities (Congress, etc.). VA can issue this license but then will need to figure out how to operationalize it. It will take a while for our employees to feel comfortable with this. Every time we find someone who does, it is a “teachable moment.”

Mr. Bailey said there should be risk taking with justification.

Dr. Howard said we do not have a license to do just anything – it has to be related to ICARE and MyVA.

Dr. Carmona said we need to define every box – a person’s scope. And if they are outside their sphere, they have to know who to go to for answers.

Dr. Martin said the Unions fear this will be too slow. Until culture change happens, we will be stuck with the current grievance process. He gets feedback from doctors all the time on issues that were bogged down in resolution – need to deal with these more quickly. Dr. Martin said knew about the problems at Phoenix a year before they hit the mainstream press – but there was nothing he could do about it.

Ms. Polnak said people need psychological safety.

Dr. Carmona said that we need to define authorities at every level.

Dr. Martin said VA needs happy healthcare providers, and they need issues dealt with quickly.

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Ms. Kramer said the need to establish trust and have it go both up and down the levels of hierarchy. There is no trust within the middle management layers yet.

Secretary McDonald said hopes LDL will help develop trust.

Dr. Howard spoke of a great quote from Mark Twain: "I can't understand a word you are saying – your actions are too loud." He likes what Ms. Hickey has done with the slide. Dr. Howard said he likes simple visuals – likes the card, and also that he liked Dr. Shulkin's presentation.

Mr. Snyder said we need to think about MyVA, not just as five work streams, but as themes across VA. He and Mr. Blackburn have identified seven strategic items:

- Align requirements, strategy, and budget in operating model
- Attract and staff critical needs
- Develop and retain passionate leaders
- Implement Design Thinking (Front Stage) and Lean Management (Back Stage)
- Transform to customer focused IT
- Transform to an efficient and effective Supply Chain
- Build and sustain the facilities that our Veterans need

We can create a dashboard and hold people accountable for delivering on these seven items, and this would make our dashboards more simplistic. These simple dashboards can provide a consistent way to look at VA priorities and also discuss resources.

Secretary McDonald said the dashboard needs to explain the initiative more completely, that we need to embed objectives in the initiative statement. Also, we need to include status or constraint and discuss who else is involved (RACI). The interface might be a function or might be an organization.

Mr. Feil stated the dashboard needs to stand alone. It needs to communicate very quickly. Also, we need to move to indicators that are leading (not lagging) – "where will we be in the future." We need to be able to spot trends. The key is having that dialog with others so now we can create a composite measure to which everyone contributes. We could have an exercise where people write down what information they can give to others and what information they need from others.

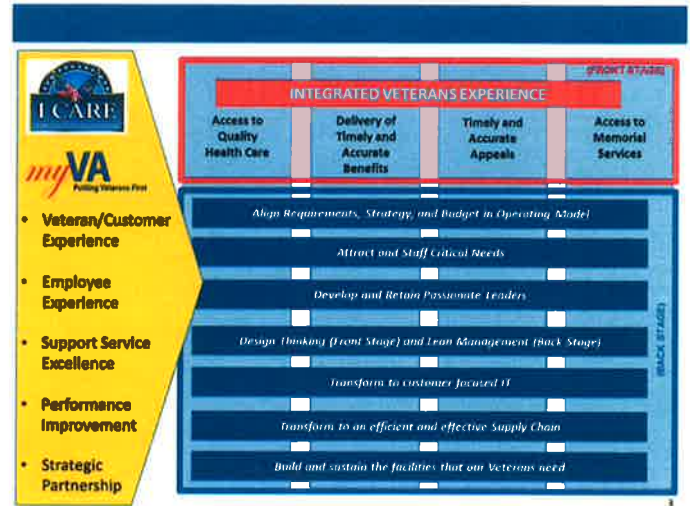
Mr. Snyder said we need to change the Senior Leadership Team meetings to focus on folks who are responsible to deliver outcomes for Veterans, and they can then say what they need from MyVA, etc.



Secretary McDonald said this kind of dialog would let Dr. Shulkin (for example) know both what he needs from others and what he owes to others.

Dr. Howard asked how we got to the main dashboard.

Mr. Snyder said there were too many “transformations” being discussed at VA. People needed to know how to think about MyVA. The diagram (to the right) shows this.



Dr. Howard suggested there may be a better visual.

Secretary McDonald said we do need to make this simple. VA has never seen a matrix organization before, and we need to make these concepts simple.

Mr. Blackburn said that part of what informed our thinking on these diagrams is the people’s reactions to MyVA have been along the lines of, “This is interesting, but what does it have to do with my job? Does this mean that we will establish a new office?” We need a way to take the spirit of these five strategies and move them through the organization.

Mr. Bailey asked how does this impact the budget? We still need numbers. Without discussions like that, we will not be able to operationalize.

Secretary McDonald agreed, saying that right now, the budget is not connected with strategies, outcomes for the Veterans or operations. He wants the strategy to drive the budget. VA needs to change that process. In LDL, leaders contributed to a new operating model which connected the dots.

Dr. Howard said the graphic (diagram above) might not communicate to Congress, but could communicate to VA internally.

Mr. Feil stated the left hand side is integral. Some of these strategies may mature and be absorbed and others may take their place. When we achieve that condition, another idea may take its place. That is part of continuous improvement.



Dr. Carmona asked how do we brand this for employees?

Ms. Polnak said we could put this information in facilities and say “ask me what this means?” Some thought the creation of a slogan would be a good idea.

Dr. Howard said the General Manager’s job is to look across enterprise, and that is hard. Everyone needs to see the big picture, but they also need to see what it means to them – we need to let people just play.

Mr. Battle said he would like to speak about operationalizing this from a field perspective. He will take it to his reports within the VISN. But, the “hole” in execution is within the front line and second line supervisors. They often get left out of training. We must hit them hard to get this transformation to sustain past next year. Mr. Battle further stated that he would like to see some sort of training module for these supervisors so that they are in line with the culture. This is an important piece of delivery. (He has 500 supervisors within his VISN).

Mr. Blackburn inquired if you train your next level and they train theirs, to how many levels do we need to cascade?

Mr. Battle responded at least two more levels to get all supervisors trained.

Secretary McDonald said the risk of going faster and skipping levels is that those who skipped levels will not learn.

Mr. Blackburn said maybe we should have a SWAT team of field leaders to help design the training mechanisms for LDL. Mr. Battle has 5,000 employees within his VISN – our approach needs to scale.

Secretary McDonald said this is a great point. We also need to include Union leaders.

Ms. Polnak said the best way to do that is to include the National Partnership Council (NPC) in training along with top VA leaders.

Dr. Carmona asked once you have demographic information, do you give up on those people or do you work on resonant messages for them that will help them change. We should not run away from demographic information – we can use it to hone our message.

Mr. Snyder said we need to get to a more dynamic conversation about resources and issues.



Mr. Blackburn said with respect to metrics – we cannot let the perfect be the enemy of good. Let us adopt a set of metrics and then refine them later.

Dr. Howard asked the group what the “big takeaways” of this roundtable session were.

Dr. Carmona said we have gone down to another level of granularity.

Mr. Snyder said he was excited about both the LDL and the fact that the Under Secretaries are now talking about MyVA and what it means to them.

Mr. Blackburn echoed that sentiment and he is also excited about the dashboard. We are starting to talk about a “VA Way.”

Mr. Feil concurred with the other comments and stated that we have finally come to a point where key leaders have a common understanding of what we are trying to do and speak about it in a consistent way. Now we have a common picture of this transformation to make a video that tells the story.

Mr. Snyder said it could be our version of the “empathy video.”

Mr. Feil stated it could speak both internally and externally.

Dr. Carmona and Dr. Howard agreed that branding was important. Words matter.

Dr. Mariano said we are the business of taking care of people: serving those who have served. We need to be looking at how this impacts Veterans. We have great ideas, but what do people sense outside the “walls” of VA.

Secretary McDonald stated this has been a great discussion. Two points:

- 1) We need to move from a siloed organization to a matrixed organization – we need to build in interdependence.
- 2) Just because your project is not on this dashboard does not mean you are not important. We may want to annotate the chart (dashboard) so that folks know that it does not cover all the work being done at VA.

Mr. Blackburn said there will be difficult resourcing decisions.

Mr. Feil stated the other projects do need to be on *somebody's* dashboard.



Dr. Howard said management is the path to leadership.

Roundtable Takeaways

District Integration:

The group asked “what are we solving for?” The problem the group articulated was the need to create a seamless end to end experience for our Veterans. VA also needs to solve the employee issue. What is the front line product we want to have – the set of non-negotiables?

VA needs consistency and sharing of best practices. VA also has to make sure we are adopting the right culture – one of collaboration. We need training and IT tools. VA can create use cases around VA's life journey and also, use cases for employee journey. Facility leaders should get together on a regular basis to discuss what is working and what is not. They would love to see what the key VA strategic priorities are that Secretary McDonald always wants them to address.

Optimizing Support Services:

Shared Services benefits include economies of scale, better pricing, efficiencies, standardization balance between autonomy and standardization, mission focus, consistency, quality improvements, visibility, and transparency.

The costs include the need to get buy-in, unwillingness to change, losing control, scalability, concern about performance standards, the standards process itself, equity, fragmentation, acceptable SLAs, mission complexity, responsibility without authority, legislation and regulation, SBA goals

We need culture change, significant change management, leadership – and it needs to cascade.

How can we share the savings to create incentives for facilities to move to a Shared Services model?

Next steps:

- Extract best practices, deep dive and scale
- Focus and expand on shared services and the franchise fund
- Allow for exceptions to policy
- Look at behaviors to accomplish mission
- Make the case for change



- Bring all communications back to impact on the Veteran
- Change the concern about a lack of commitment on the part of Administrations
- Determine if there a value proposition for this change

What we learned:

- Change to better serve Veterans - VA is at a crisis point
- Get quick wins and early adopters
- Communicate the value proposition to all stakeholders
- Stress importance of leadership and culture change
- Communicate early and often
- Be accountable
- Find early adopters and then scale
- Get on the bus or get off the team

Ms. Tiglao said there is an embedded culture of fear in the organization. To break it, you need a tangible action. Identify one thing in each area and assign it to a person – then track with that person.

Ms. Carlson asked would you like to see the Roundtable moderators take these notes and put them together in a common format?

Mr. McDonald responded we can do that with VA resources.

Mr. Blackburn said we can ask Mr. Muir from the Support Services Roundtable, Mr. Allin from the District Roundtable and himself from Transformation Roundtable to work on the notes?

Overall Transformation

Dr. Howard said reminded us that we need to make sure “Our main thing is to make sure the main thing remains the main thing.”

The matrix (dashboard) shows what we are doing over the next 15 months.

The five MyVA goals are the enablers. Items 6-12 are the things we have to get right.

We are to the point where we have a common language among executive leadership about transformation. The dashboards can help operationalize them.

Ms. Hickey’s questions can help move us to a principles-based organization.



The group talked about the scale of the cascade and the need to engage the front and second line supervisor – if we do it strictly level by level, it could take too long. We need to communicate this tight narrative

Closing remarks/comments

Secretary McDonald stated we started with a tour of the Polytrauma Center where we tried to show the progress VA has made. VA will now work towards a matrixed organization and develop momentum along with finding a way to continue this momentum. He understands the emphasis on communication and will work with Deputy Secretary Gibson and Chief of Staff Nabors on this in preparation for Veterans' Day. The Secretary contrasted last Wednesday's (Choice Act) hearing with the spirit of last two days.

Deputy Secretary Gibson stated that while we will continue to plan, we are now in the midst of execution. He hopes that what the Committee continues to see is tangible results on the ground. Until VA sees results for the Veteran, we have not made a difference. We need to be feeling that pressure.

Mr. Bulls said that in next 90 days, VA needs to take the outcomes we have discussed during this meeting and come back to tell us what your specific plan in.

Ms. Reaves said this has been a great two days. She had questions in July about whether we could do this transformation, and now she believes we are doing it.

Dr. Herrera Scott also said this has been a great meeting. The Gallery Walk was really exciting. It would be great to see the physical Gallery Walk become a virtual Gallery walk.

Mr. Snyder suggested that the MyVA Task Force could put it into VA Pulse or the Fusion Cell. The Task Force could also package it for external consumption.

Dr. Mariano said VA has come a long way. The Department needs to prioritize. People need to hear how the culture is moving along.

Ms. Carlson said she was excited about the Gallery and would love for VA to get started on the database. She is also excited about the opportunity about VA getting economies of scale around support services. Ms. Carlson talked about the centers taking their destiny into their own hands, and is looking forward to seeing progress on the District integration.



Ms. Tiglao said she was jazzed about the Employee Experience and LDL and would like to see some of the 100 day plans from the LDL go through the Process Improvement Center.

Dr. Carmona said he is profoundly privileged to serve with such a distinguished group. The committee and all the people here have surpassed his expectation with respect to deliverables. He is grateful to Secretary McDonald, Deputy Secretary Gibson, and the MyVATeam.

Mr. Bulls gave thanks to team in Tampa, the Unions, and to Mr. Snyder and Mr. Blackburn and their team.

Meeting was adjourned at 3:56 p.m.

Respectfully submitted,

Debra A. Walker

Designated Federal Officer, MyVA Advisory Committee

I hereby certify that, to the best of my knowledge, the foregoing minutes from the October 14 - 15, 2015 meeting of the MyVA Advisory Committee are true and correct.



Josue "Joe" Robles
Chairman, MyVA Advisory Committee